



EXPRESS MAIL NO. EV889154360US

**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

Application Number	10/533,277
Filing Date	November 28, 2005
First Named Inventor	Tadayoshi Mitsuhashi
Art Unit	1634
Examiner Name	Amanda Marie Shaw
Attorney Docket No.	690107.404USPC

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement and Transmittal	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	_____
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	William T. Christiansen, Ph.D.		
Date	July 29, 2008	Reg. No.	44,614

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.


Signature		
Typed or printed name		

SEND TO: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
1206365\_1.DOC

A fee of \$180 is submitted in accordance with 37 CFR 1.97(c). The Director is authorized to charge any other fees which may be required, or credit any overpayment to Deposit Account No. 19-1090.

Respectfully submitted,

SEED Intellectual Property Law Group PLLC

A handwritten signature in black ink, appearing to read 'W. Christiansen', written over a horizontal line.

William T. Christiansen, Ph.D.

Registration No. 44,614

WTC:jrb

Enclosures:

Check

Supplemental Information Disclosure Statement

Cited References (1)

701 Fifth Avenue, Suite 5400

Seattle, Washington 98104

Phone: (206) 622-4900

Fax: (206) 682-6031

1206329\_1.DOC



08/01/08

EXPRESS MAIL NO. EV889154360US

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Tadayoshi Mitsuhashi  
Application No. : 10/533,277  
Filed : November 28, 2005  
For : METHODS OF EXAMINING SWINE GENETIC RESISTANCE TO  
RNA VIRUS-ORIGIN DISEASE

Examiner : Amanda Marie Shaw  
Art Unit : 1634  
Docket No. : 390107.404USPC  
Date : July 29, 2008

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Commissioner for Patents:

In accordance with 37 CFR 1.56 and 1.97 through 1.98, applicant wishes to make known to the U.S. Patent and Trademark Office the references set forth on the attached Information Disclosure Statement. Copies of cited U.S. patents and published patent applications are not required and accordingly have not been provided. Copies of any other cited references are enclosed. As to any reference cited, applicant does not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserves the right to traverse or antedate any such reference, as by a showing under 37 CFR 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicant's duty to disclose all information he/she is aware of which is believed relevant to the examination of the above-identified application, applicant believes that his/her invention is patentable.

Please acknowledge receipt of this Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

08/01/2008 CNGUYEN2 00000064 10533277

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180.00 0P

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FREE TRANSMITTAL** **For FY 2008**

**Complete if Known**

Application Number	10/533,277
Filing Date	November 28, 2005
First Named Inventor	Tadayoshi Mitsuhashi
Examiner Name	Amanda Marie Shaw
Art Unit	1634
Attorney Docket No.	690107.404USPC

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**180**
**METHOD OF PAYMENT (check all that apply)**
☒ **Check**    ☐ Credit Card    ☐ Money Order    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments☒ Charge any underpayments or credit any overpayments

of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ -20 or HP = _____	X	_____	= _____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -3 or HP = _____	X	_____	= _____

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

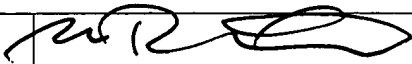
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 = _____	/50 = _____	(round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Fee**180****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	44,614	Telephone	206-622-4900
Name (Print/Type)	William T. Christiansen, Ph.D.			Date	July 29, 2008

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2008**

JUL 29 2008

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **180****Complete if Known**

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- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

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<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 = _____	/50 = _____	(round up to a whole number) x _____	_____	_____

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Other (e.g., late filing surcharge): Information Disclosure Statement Fee **180**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	44,614	Telephone	206-622-4900
Name (Print/Type)	William T. Christiansen, Ph.D.			Date	July 29, 2008